

BEST AVAILABLE COPY

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) | | | | | | SERIAL NO. 107049908 | DATE 20 FEB 2002 |
|--|----------|------|------------------------|------|------------------------|--------------------------------|----------------------------|
| | | | | | | APPLICANT(S) <i>Ritter</i> | |
| CLAIMS | | | | | | | |
| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | |
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | |
| 1 | | | / | | | | 51 |
| 2 | | | | / | | | 52 |
| 3 | | | | / | | | 53 |
| 4 | | | | / | | | 54 |
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| 50 | | | | | | | 100 |
| TOTAL IND. | | | 2 | | | | TOTAL IND. |
| TOTAL DEP. | | | 20 | | | | TOTAL DEP. |
| TOTAL CLAIMS | | | 22 | | | | TOTAL CLAIMS |